

REQUEST FOR INFORMATION UNDER THE
MARYLAND PUBLIC INFORMATION ACT
(Please Print)

REQUESTOR

Name:

Date:

Name of Organization:

Address:

Phone #:

Email Address:

INFORMATION REQUESTED

Pursuant to Title 4, General Provisions Article, Annotated Code of Maryland, request is hereby made for (please specify): _____ examination, AND/OR _____ copies of the following records: (NOTE: The request should be as specific as possible, and should include specific dates and/or time frames; document names or subject matter; and specific locations and/or address.)

SIGNATURE

I understand that if the City does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering the documents requested and copying them must be paid prior to release of the documents. I understand that if I am permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate, or remove any part thereof, under penalty of law. If the City denies access to the records I have requested herein, I understand that I have the right to seek judicial review of that decision by filing a complaint in the appropriate circuit court, as provided in Section 10-623 of the State Government Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access.

Date: _____

Signature: _____

FOR OFFICE USE ONLY

TO DEPARTMENT HEAD FOR _____

INITIAL _____

REQUEST IS APPROVED _____ DENIED _____ If denied, give reason: _____

DID THE CITY ATTORNEY REVIEW REQUEST? YES _____ NO _____

REQUESTOR NOTIFIED OF RESPONSE ON _____ BY _____

INFORMATION MADE AVAILABLE ON _____ BY _____

FEE CHARGED \$ _____ FEE PAID \$ _____ RECEIVED BY _____

RECEIPT

DOCUMENTS/INFORMATION RECEIVED BY _____

DATE _____